



KENTUCKY TRANSPORTATION CABINET
Department of Vehicle Regulation/Division of Motor Carriers
P.O. Box 2007, Frankfort, KY 40602-2007
Phone: (502) 564-4127 (8:00 A.M.–4:30 P.M. EST)
Walk-ins: 8:00 A.M.–4:00 P.M. EST
<http://transportation.ky.gov/dmc>

TC 95-44
Rev. 1/08

**Annual Report Form
For the Year Ending December 31, 2007
Due April 1, 2008**

**** NOTICE ****

On or before April 1st of each year, every motor carrier, who operated intrastate motor vehicles for-hire for household goods and/or certain passengers, over the public highways of the State of Kentucky, under a certificate or permit of public convenience and necessity issued by the Department, shall file with the Department an Annual Report for the preceding calendar year.

Section A: Motor Carrier Information

Legal Name: _____

Doing Business As (D/B/A) Name: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Phone Number: _____

US DOT Number: _____

FEIN#: _____ SSN: _____

Section B: Kind of Organization (check one)

A. ☐ Individual B. ☐ Partnership C. ☐ Corporation D. ☐ Other: _____

Section C: Type of Motor Carrier (check all that apply)

- | | |
|---|---|
| 1. <input type="checkbox"/> Common Carrier | 2. <input type="checkbox"/> Contract Carrier |
| 3. <input type="checkbox"/> Passenger Carrier | 4. <input type="checkbox"/> Household Goods Carrier |

Section D: Partnership (complete only if Section B Line B is checked)

Partner's Name	Address
1. _____	_____
2. _____	_____
3. _____	_____

Section E: Corporation (complete only if Section B Line C is checked)

(A) Directors

Address

1. _____
2. _____
3. _____
4. _____

(B) Principal General Officers

Address

1. _____
2. _____
3. _____
4. _____

(C) Principal Stockholders

Name

Address

Number of Shares

1. _____
2. _____
3. _____
4. _____

Section F: Revenue Equipment

(The information below must be given for equipment in service at the end of the year.)

	Trucks	Truck tractors	Semi- trailers	Buses	Vans	Limousines	Other	TOTAL
Total Vehicles Owned								
Total Vehicles Leased								
Total Number of Vehicles								

Section G: Annual Mileage

	Transportation of Household Goods	Transportation of Medicaid Passengers	Transportation of Passengers
Total Intrastate Mileage			
Total Interstate Mileage			

Income Statement

Operating Revenues:

1. Household Goods revenue \$ _____
2. Passenger revenue \$ _____
3. Other operating revenue \$ _____
4. Rents received \$ _____
5. **Total Operating Revenue** (Add Lines 1 through 4) \$ _____

Operating Expenses:

6. Repair & Servicing of equipment \$ _____
7. Tires & tubes \$ _____
8. Drivers' & helpers' wages \$ _____
9. Gasoline & oil \$ _____
10. Other transportation expenses \$ _____
11. Station & terminal expenses \$ _____
12. Advertising & traffic expenses \$ _____
13. Insurance \$ _____
14. Office salaries & expenses \$ _____
15. Taxes & Licenses \$ _____
16. Rent Paid \$ _____
17. Depreciation \$ _____
18. **Total Operating Expenses** (Add Line 6 through Line 17) \$ _____

Net Operating Revenue (Subtract Line 5 from Line 18) \$ _____

Other Income and Expenses:

20. Miscellaneous Income \$ _____
21. Non-operating expenses \$ _____

Net Income (Add Line 19 and Line 20 then subtract Line 21) \$ _____

Balance Sheet

Assets:

1.	Cash	\$ _____
2.	Notes Receivable & Investments	\$ _____
3.	Accounts Receivable	\$ _____
4.	Prepayments	\$ _____
5.	Materials & Supplies	\$ _____
6.	Plant & Equipment	\$ _____
7.	Less: Allowance for Depreciation	\$ _____
8.	Organization, Certificates, Permits	\$ _____
9.	Total Assets (Add Lines 1 through 8)	\$ _____

Liabilities and Equity

10.	Notes & Mortgages Payable	\$ _____
11.	Accounts Payable	\$ _____
12.	Salaries & Wages Payable	\$ _____
13.	Accrued Taxes & Other Expenses	\$ _____
14.	Capital Stock	\$ _____
15.	Sole Proprietorship	\$ _____
16.	Partnership	\$ _____
17.	Surplus of Deficit	\$ _____
18.	Total Liabilities (Add Lines 10 through 17)	\$ _____

Instructions

GENERAL:

The income and expenses shown in the income statement should include only those arising from motor carrier operations. Do not include income or expenses of your household, farm or other business or property.

Income Statement

OPERATING REVENUE:

1. **Household Goods Revenue:** Include the total amount of revenues earned in the transportation of household goods.
2. **Passenger Revenue:** Include all revenues earned from the transportation of passengers.
3. **Other Operating Revenue:** Include all other incidental earnings from transportation services.
4. **Rents Received:** Include rents received for equipment and other property.
5. **Total Operating Revenues:** The total of lines 1 through 4.

OPERATING EXPENSES:

6. **Repair & Servicing of Equipment:** Include the cost of the parts and materials used, labor employed, and bills payable for repairing, greasing, washing and storing vehicles, including replacement of lights, batteries, horns, tire chains, and all other equipment of the vehicle, and repairs and maintenance of shop and garage buildings, grounds and equipment (including light, heat, power and water).
7. **Tires & Tubes:** Include the amounts expended for tires and tubes, also amounts payable for the use of tires as a flat per period, per mile run, or similar basis, if such arrangement is in use.
8. **Drivers' & Helpers' Wages:** Include the wages payable to drivers and helpers of motor vehicles.
9. **Gasoline & Oil:** Include the cost of gasoline or other fuel and oil necessary to operate the motor carrier service. For the purpose of this system of accounts, taxes on gasoline and oil are considered part of the cost of gasoline or oil.
10. **Other Transportation Expenses:** Include all other expenses incurred in connection with the furnishing of transportation service such as the cost of ropes, skids, skates, tarpaulins, and other miscellaneous supplies for buses and trucks; bridge,

performing a portion of the carrier's traffic haul; uniforms for employees, fines for traffic violations and similar items; and meals and lodging paid for employees while away from home.

11. **Station & Terminal Expenses:** Include salaries and expenses incurred in the maintenance and operation of stations or terminals; commission's payable to ticket agents and amounts payable to terminal companies and others for handling, billing, accounting and other station and terminal services; cost of operating collection and delivery equipment; and payment to others for performing this service.
12. **Advertising & Traffic Expenses:** Include salaries and expenses of employees engaged in solicitation of traffic; cost of advertising and other traffic expenses such as costs of tariffs and schedules, ticket and baggage checks, membership fees; and traffic or tariff associations, and other similar expenses.
13. **Insurance:** Include the cost of all insurance premiums paid or payable; insurance and safety expenses incurred in connection with the operations of the business; and amount of claims paid or payable when not covered by insurance.
14. **Office Salaries & Expenses:** Include all office expenses, including salaries of office employees, the cost of office forms, shipping orders, bills of lading, freight bill or other waybill forms, binders, stationery and supplies, telephone and other communication services, legal, and other office expenses.
15. **Taxes & Licenses:** Include all taxes and license fees payable in connection with the operation of business, except federal income tax.
16. **Rents Paid:** Include all rents payable for garage, station, terminal, office or other space used in motor carrier operations, and rent paid for use of equipment.
17. **Depreciation:** Include the amount you estimate to be the loss of value for the year for all your buildings and equipment used in the transportation business (but not your own residence) due to ordinary wear and tear which is not, or cannot be restored by maintenance.

The amount of depreciation to be taken may be determined by dividing the original cost by the expected useful life. If a method of determining depreciation has been worked out which is satisfactory to the Internal Revenue Service for income tax purposes, the amount so used will be satisfactory to the Department. If no such rates have been established, and unless your own experience shows that some other rate should be used, the following rates will be satisfactory:

Trucks and tractors	-	4 years
Trailers	-	6 years
Buses	-	6 years
Automobiles	-	4 years
Buildings	-	40 years
Office Equipment	-	10 years
Shop and Garage, misc.	-	10 years

18. Total Operating Expenses: Add lines 6 through 17.

OTHER INCOME AND EXPENSES:

20. Miscellaneous Income: Include all other income earned from sources directly connected with motor carrier operations, such as interest on notes and open accounts, dividend, received from stocks of other transportation companies, commission's received, etc.

21. Non-Operating Expenses: Include all expenses incurred which do not directly pertain to the furnishing of motor carrier transportation service, such as interest paid on money borrowed for use in the business, federal and state income taxes, and similar items.

Balance Sheet

1. Cash: Include all cash available for general business purposes. Include deposits in bank and savings accounts.

2. Notes Receivable & Investments: Include all collectible obligations payable to you, the book cost of investments and securities, and notes of other companies or persons.

3. Accounts Receivable: Include amounts currently due from customers, officers, stockholders and employees.

4. Prepayments: Include expenses paid or incurred in advance, the benefits of which will be realized in subsequent periods. Prepayment of minor items may be charged directly to the appropriate expense account.

5. Materials & Supplies: Include the costs of all unapplied materials and supplies such as tools, repair parts, fuel, tires and tubes, etc., used in your operation.

6. Plant & Equipment: This account will consist of the gross cost of all equipment used in your operation. Include the cost of any improvements, repairs and overhauling of the plant and equipment necessary to outfit them for service.

7. Allowance for Depreciation: This account will contain accumulated depreciation charged to the depreciation expense on income statement.

8. Organization Certificates & Permits: The amount to be reported represents the cost of obtaining certificate, permit and incorporation.

10. Notes & Mortgages Payable: Include the face value of the outstanding obligations present at the end of the accounting period.

11. Accounts Payable: Include the total amount payable in the affiliated companies, officers, stockholders, employees and others.

12. Salaries & Wages Payable: Include the amount of wages payable or accrued payrolls.

13. Accrued Taxes & Other Expenses: Include all taxes and other expenses accrued at the end of the period.

14. Capital Stock: (To be completed by corporations only.) Include the total par value of outstanding capital stock and the cash value of no par stock.

15. Sole Proprietorship: (To be used by a solely owned business.) Include the amount invested in a business by the proprietor at the beginning of the year; the amount of any additional investments into the business made by the proprietor during the year; the amount of proprietor withdrawal during the year; and the net profit or loss for the year.

16. Partnership: (To be used by partnerships and other forms of organizations other than corporations and sole proprietorship.) Include the amount invested in the business by the partners, or members of other forms of organizations, at the beginning of the year; the amount of any additional investments into the business made by the partner withdrawal during the year; and the net profit or loss for the year.

17. Surplus or Deficit: (To be used by corporation only.) Include the profit or loss accumulated at the end of the period, and all other surplus arising from donations by stockholders of cash and other assets or surplus for forgiveness of debt of the carrier by its stockholders.